



Basic Health™

# Family Income Worksheet

**Please return this form.**

I.D. Number: \_\_\_\_\_

Has your employer changed in the last 12 months? ☐ Yes ☐ NoHas your income changed in the last 12 months? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

Basic Health may average your income or use your last 30 days' income depending on which information gives the most accurate picture of your income.

Income/benefit source	Monthly amount (before taxes)		SEND A COPY OF:
	Self	Spouse/Child	
1. Gross wages, salary, assistantships, commissions, tips (including overtime and bonuses)	\$	\$	Pay stubs for the most recent consecutive 30 days (must show pay dates/periods, your name, and gross income).
2. Self-employment or rental income from your IRS 1040.			All business forms and schedules filed with the IRS. Schedules K-1 (if applicable). If loss, enter 0. Do not deduct depreciation, amortization, or home office costs.
3. Unemployment benefits			Most recent 30 days of unemployment stubs (four current/consecutive weeks)
4. Social security retirement, survivor, disability, or supplemental security income benefits (circle type received)			Most recent benefits and/or award letter received for the current year. Name of person(s) receiving _____
5. Retirement or pensions			Pay stub, award letter, benefit statement showing your current monthly benefit, or pension award letter showing monthly benefit.
6. Child support, family support, or alimony received			Statement signed by person paying child support or alimony, copy of checks, court documents, or Division of Child Support statement for the most recent 30 days. Name of child(ren) receiving _____
7. Insurance benefits (other than reimbursement for a loss or medical costs)			Award letter or benefit statement from the insurance company showing your current month's benefit.
8. Interest, dividends, trust, annuity, capital gains, periodic receipts from estates			Current statement for all sources or may be averaged from IRS Form 1040.
9. Veterans benefits/military allotments			Award letter or benefit statement showing your current monthly benefit.
10. Labor and Industries (L&I payments)			L & I statement(s) showing current/consecutive 30 days (two current/consecutive 14-day statements).
11. Public assistance (DSHS cash grants; do not include food stamps)			Award letter showing your current monthly benefit and dates received.
12. Other: (Please explain.)			

SUBTOTAL \$ \_\_\_\_\_  
 Subtract work- or school-related child care expenses —\$ \_\_\_\_\_  
 TOTAL MONTHLY GROSS INCOME \$ \_\_\_\_\_

If you have work- or school-related child care expenses, send receipts. If attending school, send proof of registration from the school.

**No income?**

If you and your spouse are reporting no income, briefly explain below how you supported yourself and sign the statement.

Signature _____	Name (please print or type) _____	Date _____
Signature of spouse _____	Name (please print or type) _____	Date _____

**Privacy statement:** Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at [www.hca.wa.gov](http://www.hca.wa.gov).

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RECERTIFICATION